NAVMEDCEN PTSVA 6320/84 (Rev 8/06)

Patient and Guest Relations
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WAIVER REQUEST FOR MTF ASSIGNMENT

Date	Patient's Last Name, First Name MI	Sponsor's Last Name	Rank / Rate	Patient's DOB:

Patient's Address	Telephone (Home) - (Work) - (Cell) -
Sponsor's Duty Station	Sponsor's Contact Number -

	REASON (S) FOR WAIVER		

Comments / Details (Include attachments (PCS orders) if applicable) :

Date	Print Name	Signature

(CONTINUED)	
Patient Signature	Date

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by the Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member of sponsor is required to identify and retrieve health care records.

ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigation; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.